

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
 County Registrar No. 630
 Local Registrar No. _____

No. 69 Davis Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____ (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 24, 1926
 Month Day Year

8. FATHER
 Full name Encarnacion Pamirez

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Parral, Chih. Mex.
 (State or country)

13. Occupation
 Nature of Industry Machinist

14. MOTHER
 Full maiden name Dolores Volvina

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Parral, Chih. Mex.
 (State or country)

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4:30 a.m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Byril M. Brown M.D. (Physician or midwife.)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed June 2, 1926 Local Registrar. _____
 County Registrar. _____

099-524-451